



## Primary and Secondary Education Retirement Payment Transmittal

State Form 26716 (R9 / 2-02)  
Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Fax #: (317) 232-3882  
Home page: [www.in.gov/trf](http://www.in.gov/trf)

### INSTRUCTIONS

1. Complete requested information
2. Sign and date the report
3. Attach your payment to the report
4. Use the reverse side to list checks
5. Forward your report and payment to the Fund by the due date

*Reporting units are ineligible to receive any distribution of money from the State of Indiana if this report and the retirement payment are not received by the due date.*

|   |                    |                |                                       |
|---|--------------------|----------------|---------------------------------------|
| Name of Unit  |                    | Account Number |                                       |
| Period covered:   |                    |                |                                       |
| SCHOOL YEAR: July 1, _____ to June 30, _____  |                    |                |                                       |
| QUARTER: <input type="checkbox"/> 1 <sup>st</sup> July 1 / Sept. 30 – Payment Due October 15 <sup>th</sup>  |                    |                |                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Oct 1 / Dec 31 – Payment Due January 15 <sup>th</sup>  |                    |                |                                       |
| <input type="checkbox"/> 3 <sup>rd</sup> Jan 1 / Mar 31 – Payment Due April 15 <sup>th</sup>  |                    |                |                                       |
| <input type="checkbox"/> 4 <sup>th</sup> Apr 1 / Jun 30 – Payment Due July 15 <sup>th</sup>   |                    |                |                                       |
| <b>RETIREMENT PAYMENT</b>   |                    |                |                                       |
|   | <b>P-31 TOTALS</b> | <b>PAYMENT</b> | <b>DIFFERENCE</b><br>(Please Explain) |
| TOTAL WAGES   | _____              |                |                                       |
| MANDATORY POST-TAX CONTRIBUTIONS @ 3%<br>(EMPLOYEE CONTRIBUTIONS)   | _____              |                |                                       |
| MANDATORY PRE-TAX CONTRIBUTIONS @ 3%<br>(EMPLOYER PICK-UP)  | _____              |                |                                       |
| TOTAL MANDATORY CONTRIBUTIONS   | _____              | _____          | _____                                 |
| EMPLOYEE VOLUNTARY POST-TAX<br>CONTRIBUTIONS  | _____              | _____          | _____                                 |
| EMPLOYER SHARE (ERP) @ 9%   | _____              | _____          | _____                                 |
| FSP WAGES   | _____              |                |                                       |
| FSP CONTRIBUTIONS @ 9%  | _____              | _____          | _____                                 |
| TOTAL TEACHERS  | _____              |                |                                       |
| TOTAL SERVICE DAYS  | _____              |                |                                       |
| I hereby certify that the quarterly gross salary, annuity account contribution, and retirement funding are correct for the teachers and administrators who are eligible for membership and service credit in the Indiana State Teachers' Retirement Fund. |                    |                |                                       |
| Signature of School Corporation Treasurer or Township Trustee   |                    | Date Signed    |                                       |
| Contact Person  | Telephone Number   | Fax Number     |                                       |

**NOTE: If you have any changes of address or key personnel to report, please attach the appropriate changes.**